

UNITED STATES V. BERNARD FRUENDEL

2014 CMD 18262

RELEASE ORDER TO RETURN ON
NOVEMBER 12, 2014 AND RELEASE
ORDER ADDENDUM WITH RELEASE
CONDITIONS/STAY AWAY NO
CONTACT ORDER (2PAGES)

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA

686-097
United States of America

Cal. # _____
Case No. 14-CMD-18262

Bernard v. Freundel
Defendant's name

3026 '01 ST NW
Defendant's address

Defendant's phone no. _____

**YOU ARE HEREBY RELEASED ON THE CONDITIONS INDICATED BELOW:
THESE CONDITIONS WILL BE IN EFFECT UNTIL YOUR CASE IS DISPOSED OF OR UNTIL
THEY ARE CHANGED OR AMENDED BY A JUDGE**

<input checked="" type="checkbox"/>	PERSONAL PROMISE	PERSONAL RECOGNIZANCE Your personal recognizance, provided that you promise to appear at all scheduled hearings as required by the Court.	
<input type="checkbox"/>	UNSECURED APPEARANCE BOND.	Your personal unsecured appearance bond, to be forfeited should you fail to appear as required by the Court.	
<input type="checkbox"/>	SUPERVISORY CUSTODY	You hereby agree to be placed in the custody of _____ who agrees (a) to supervise you in accordance with the conditions below, (b) to use every effort to assure your appearance at all scheduled hear- ings, trials, or otherwise, and (c) to notify the D.C. Pretrial Services Agency immediately in the event you violate any condition of release or disappear. Agency telephone - 585-7077 _____ Custodian's name _____ Custodian's address _____ _____ SIGNATURE OF CUSTODIAN _____ Custodian's phone no. _____	
<input checked="" type="checkbox"/>	YOU ARE TO STAY	<input checked="" type="checkbox"/> away from the complaining witness. <u>see addendum</u>	<input type="checkbox"/> within the D.C. area.
<input checked="" type="checkbox"/>	YOU ARE TO LIVE	<input type="checkbox"/> at _____ address _____ phone no. _____ <input checked="" type="checkbox"/> You are to verify your address with D.C. Pretrial Services in Room C-301 within 24 hours. <input type="checkbox"/> Curfew is imposed at above address from _____ P.M. to _____ A.M.	
<input type="checkbox"/>	DRUGS	Report to D.C. Pretrial Services Agency, Room C-220, for: <input type="checkbox"/> Evaluation and if positive <input type="checkbox"/> Program placement by PSA <input type="checkbox"/> Placement in court ordered surveillance <input type="checkbox"/> Enroll in <input type="checkbox"/> Maintain participation at <input type="checkbox"/> PSA <input type="checkbox"/> ADASA <input type="checkbox"/> Other _____ Refrain from illegal drug use.	
<input checked="" type="checkbox"/>	YOU ARE TO REPORT TO	<input checked="" type="checkbox"/> D.C. Pretrial Services Agency <input type="checkbox"/> Probation Officer <input type="checkbox"/> Parole Officer	<input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Other _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Other _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Other _____ <input type="checkbox"/> By Phone <input checked="" type="checkbox"/> In Person <input type="checkbox"/> By Phone <input type="checkbox"/> In Person <input type="checkbox"/> By Phone <input type="checkbox"/> In Person
<input checked="" type="checkbox"/>	REVIEW	You are to report to the D.C. Pretrial Services Agency at room C-301 immediately upon release for a review of conditions	
<input checked="" type="checkbox"/>	YOU ARE TO	Refrain from committing any criminal offense, the penalties for which are explained on the reverse side of this order.	
<input type="checkbox"/>	OTHER		
<input type="checkbox"/>	MONEY BOND OF	<input type="checkbox"/> CASH BOND. Upon execution of appearance bond, to be forfeited should you fail to appear as required by the Court, secured by a deposit, such deposit to be returned when the Court determines you have performed the conditions of your release. You will deposit the in registry of the Court _____. <input type="checkbox"/> SURETY BOND Upon execution of appearance bond with approved surety.	
NEXT DUE BACK	on <u>11/12/14</u> in Courtroom <u>314</u> at <u>9:30</u> A.M. If you have any questions about the date, time, or location CALL THE D.C. PRETRIAL SERVICES AGENCY AT 585-7077		
YOUR ATTORNEY		_____ address _____ phone no. _____	

DEFENDANT'S SIGNATURE

[Signature]
UB

I understand the penalties which may be imposed on me for willful failure to appear or for violation of any condition of release and agree to comply with the conditions of my release and to appear as required.

WITNESSED BY

(title or agency)

DCPSA

IMPORTANT:

YOU ARE TO NOTIFY IMMEDIATELY THE D.C. PRETRIAL SERVICES AGENCY, 500 INDIANA AVE., N.W., ROOM C-301, TELEPHONE NUMBER 585-7077, OF ANY CHANGE OF ADDRESS, EMPLOYMENT, OR CHANGE IN STATUS OF ANY RELEASE CONDITIONS.

Date

10/15/2014

**YELLOW - DEFENSE ATTORNEY
GOLD - CUSTODIAN
PINK - U.S. ATTORNEY**

SO ORDERED

Signature of Judge

Will W. Noe

Case: 2014 CMD 018262



005311228
BK4: RELCONRM

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
CRIMINAL DIVISION**

**UNITED STATES OF AMERICA
DISTRICT OF COLUMBIA**

v.

BERNARD FREUNDEL

PDID NO.: 0686097

Intake Date: 10/15/2014

Lock Up No. : 9

Criminal Case No.:

DCTN: U14031906

Handwritten signature: Handler

RELEASE ORDER ADDENDUM

You, the defendant in this case, are being released from custody pending further court appearances in your case. You **MUST** obey the following conditions, which are being imposed **IN ADDITION** to any other conditions that the Court may impose pursuant to D.C. Code Section 23-1321. You **MUST** abide by these conditions until this case is disposed of or until they are changed by the Court.

☐ NO ASSAULTIVE, THREATENING, ABUSIVE, HARASSING, OR STALKING BEHAVIOR TOWARD:

☒ YOU ARE TO STAY AWAY FROM THE PERSONS LISTED BELOW: Names and addresses (if applicable) of victims/witnesses

STAY AWAY and have no CONTACT with individuals for whom the defendant participated in their conversation to Judiasism and individuals with whom the defendant participated in the Jewish ritual bathing process (also known as a Mikvah)

YOU, THE DEFENDANT, ARE TO HAVE NO CONTACT WITH ANY OF THE PERSONS NAMED ABOVE BY ANY ME. WHATSOEVER. THIS MEANS THAT YOU SHALL REMAIN AT LEAST 100 YARDS AWAY FROM THEM, THEIR HO AND/OR THEIR PLACE OF EMPLOYMENT, AND THAT YOU SHALL NOT COMMUNICATE OR EVEN ATTEMPT COMMUNICATE WITH ANY OF THESE PERSONS NAMED ABOVE, EITHER DIRECTLY OR THROUGH ANY OTHER PEI (EXCEPT THROUGH YOUR LAWYER), BY TELEPHONE, WRITTEN MESSAGE, ELECTRONIC MESSAGE, PAGER. OTHERWISE.

☐ The Defendant shall obtain a police escort to retrieve belongings from:

☒ YOU ARE TO STAY AWAY FROM THE FOLLOWING PLACES OR AREA(S):

☒ A check here means a map is attached.

Area(s) Affected:

Handwritten:
Keshet Israel
Congregation
2801 N. Street, NW
WDC
and
National Capital
Mikvah
1308 28th St. NW
WDC

☐ YOU MUST ALSO OBSERVE THE FOLLOWING CONDITION(S):

ANY VIOLATION OF ANY OF THESE CONDITIONS, OR ANY OTHER CONDITION IMPOSED BY THE COURT, MAY RESULT IN IMMEDIATE NOTIFICATION BEING MADE TO THE COURT AND COULD RESULT IN YOUR PROSECUTION FOR CONTEMPT OF COURT THE REVOCATION OF YOUR RELEASE PURSUANT TO D.C. CODE SECTION 23-1329, AND/OR YOUR DETENTION PENDING FINAL DISPOSITION OF THIS CASE.

DATE:

SO ORDERED:

Handwritten signature of Defendant

Signature of Defendant

Handwritten signature of Judicial Officer

Signature of Judicial Officer



Copies:

COURT

DEFENSE COUNSEL

PRETRIAL SERVICES AGENCY